



**Orthopaedic Surgeons**  
Robert A. Kayal, MD, FAAOS  
*Board-Certified Orthopaedic Surgeon*  
*Founder, President & CEO*

Edward C. Friedland, MD, FAAOS  
*Board-Certified Orthopaedic Surgeon*

E. Jeffrey Pope, MD  
*Board-Eligible Orthopaedic Surgeon*

**Foot & Ankle Surgeon**  
Chad W. Rappaport, DPM, FACFAS  
*Board-Certified Foot & Ankle Surgeon*

**Podiatrist**  
Theresa Ronna, DPM  
*Board-Certified Podiatrist*

**Physician Assistants**  
Michael G. Kayal, RPA-C  
*Chief Physician Assistant*

Dean P. Mellas, PA-C

**New Jersey Department of Banking and Insurance  
CONSENT TO REPRESENTATION IN APPEALS OF UTILIZATION MANAGEMENT DETERMINATIONS  
AND AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS IN UM APPEALS AND INDEPENDENT  
ARBITRATION OF CLAIMS**

**APPEALS OF UTILIZATION MANAGEMENT DETERMINATIONS**

You have the right to ask your insurer, HMO or other company providing your health benefits (carrier) to change its utilization management (UM) decision if the carrier determines that a service or treatment covered under your health benefits plan is or was not medically necessary.<sup>1</sup> This is called a UM appeal. You also have the right to allow a doctor, hospital or other health care provider to make a UM appeal for you.

There are three appeal stages if you are covered under a health benefits plan issued in New Jersey. Stage 1: the carrier reviews your case using a different health care professional from the one who first reviewed your case. Stage 2: the carrier reviews your case using a panel that includes medical professionals trained in cases like yours. Stage 3: your case will be reviewed through the Independent Health Care Appeals Program of the New Jersey Department of Banking and Insurance (DOBI) using an Independent Utilization Review Organization (IURO) that contracts with medical professionals whose practices include cases like yours. The health care provider is required to attempt to send you a letter telling you it intends to file an appeal before filing at each stage.

At Stage 3, the health care provider will share your personal and medical information with DOBI, the IURO, and the IURO's contracted medical professionals. Everyone is required by law to keep your information confidential. DOBI must report data about IURO decisions, but no personal information is ever included in these reports.

You have the right to cancel (revoke) your consent at any time. Your financial obligation, IF ANY, does not change because you choose to give consent to representation, or later revoke your consent. Your consent to representation and release of information for appeal of a UM determination will end 24 months after the date you sign the consent.

**INDEPENDENT ARBITRATION OF CLAIMS**

Your health care provider has the right to take certain claims to an independent claims arbitration process through the DOBI. To arbitrate the claim(s), the health care provider may share some of your personal and medical information with the DOBI, the arbitration organization, and the arbitration professional(s). Everyone is required to keep your information confidential. The DOBI reports data about the arbitration outcomes, but no personal information will be in the reports. Your consent to the release of information for the arbitration process will end 24 months after the date you sign the consent.

**CONSENT TO REPRESENTATION IN UM APPEALS AND AUTHORIZATION TO RELEASE  
OF INFORMATION IN UM APPEALS AND ARBITRATION OF CLAIMS**

<sup>1</sup> If the patient is a minor, or unable to read and complete this form due to mental or physical incapacity, a personal representative of the patient may complete the form.

**Health Care Provider: The Patient or his or her Personal Representative MUST receive a copy of both sides/pages of this document AFTER PAGE 1 has been completed, signed and dated.**

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**ONLY COMPLETE AND SEND THIS IN WHEN AND IF YOU WISH TO REVOKE YOUR CONSENT!**

**REVOCAION OF CONSENT TO REPRESENTATION AND RELEASE OF MEDICAL RECORDS IN UM DETERMINATION APPEALS**

I hereby revoke my consent to representation by and my authorization to the release of medical information in an appeal of an adverse UM determination. I understand that by revoking consent, the UM appeal may not be pursued further by my health care provider. I understand that this revocation may occur after my personal and medical information has already been shared with the DOBI, the IUROs and medical professionals with whom the IUROs contract, but that no further distribution of records in this matter will occur based on my authorization, and that all of my medical and personal information is required to be maintained as confidential by all parties.

**Signature:** \_\_\_\_\_ **Ins. ID#** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to Patient:**

\_\_\_\_\_ **I am the Patient**  
\_\_\_\_\_ **I am the Personal Representative**

**Contact Information of Personal Representative**

Please provide the following contact information IF it is different from the patient's contact information:

**PRINT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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